

**CITY OF FAIRFAX, VIRGINIA
COMMISSIONER OF THE REVENUE**

Room 210, City Hall
10455 Armstrong Street
Fairfax, Virginia 22030
Telephone: 385-7880

**REPORT OF TRANSIENT OCCUPANCY TAX
[Article X, Chapter 8, Fairfax City Code]**

Virginia Sales Tax
Registration Number: _____

(Name of Hotel Owner or Operator)

Trade Name, if any: _____ Quarter Ended: _____

Address: _____

1. Gross Room Rentals from lodging and space \$ _____
2. Allowable Deductions:
 - a) Exempt Rentals [over 30 consecutive days included in Line 1]: ... \$ _____
 - b) Refunds of Gross Rentals included in Line 1 above, if any: \$ _____
 - c) Refunds of Gross Rentals included in prior reports, if any \$ _____
 - d) Total Deductions [Sum of Lines 2a, 2b and 2c]: \$ _____
3. Line 1 less Line 2d: \$ _____
4. Tax Due [4% of Line 3]: \$ _____
5. Penalty, if applicable, for late filing or late payment [10% of Line 4]: \$ _____
6. Interest, if applicable, on late filing or payment [2/3 of 1% per month]: \$ _____
7. Total Tax, Penalty and Interest, as applicable [Sum of Lines 4, 5 and 6]: \$ _____

I declare that this report has been examined by me; and to the best of my knowledge and belief, this represents a true, correct and complete report.

Signature of Hotel Owner or Operator: _____ Date: _____

Special Instructions: Make remittance payable to City of Fairfax. Submit the original and first copies of this report not later than the twentieth day of January, April, July and October in each calendar year to cover the calendar quarters ending on the last day of December, March, June and September respectively, which immediately precede the aforesaid dates to the Commissioner of the Revenue at the address shown above. The postmark on the envelope containing mailed reports and remittances will determine their timeliness.

THIS SPACE FOR USE BY FAIRFAX CITY TREASURER